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# Q2 2022 Results

*Play to Win*

July 28, 2022

# *Forward-looking* statements

This document contains forward-looking statements as defined in the Private Securities Litigation Reform Act of 1995, as amended. Forward-looking statements are statements that are not historical facts. These statements include projections and estimates and their underlying assumptions, statements regarding plans, objectives, intentions and expectations with respect to future financial results, events, operations, services, product development and potential, and statements regarding future performance. Forward-looking statements are generally identified by the words “expects”, “anticipates”, “believes”, “intends”, “estimates”, “plans” and similar expressions. Although Sanofi’s management believes that the expectations reflected in such forward-looking statements are reasonable, investors are cautioned that forward-looking information and statements are subject to various risks and uncertainties, many of which are difficult to predict and generally beyond the control of Sanofi, that could cause actual results and developments to differ materially from those expressed in, or implied or projected by, the forward-looking information and statements. These risks and uncertainties include among other things, the uncertainties inherent in research and development, future clinical data and analysis, including post marketing, decisions by regulatory authorities, such as the FDA or the EMA, regarding whether and when to approve any drug, device or biological application that may be filed for any such product candidates as well as their decisions regarding labelling and other matters that could affect the availability or commercial potential of such product candidates, the fact that product candidates if approved may not be commercially successful, the future approval and commercial success of therapeutic alternatives, Sanofi’s ability to benefit from external growth opportunities, to complete related transactions and/or obtain regulatory clearances, risks associated with intellectual property and any related pending or future litigation and the ultimate outcome of such litigation, trends in exchange rates and prevailing interest rates, volatile economic and market conditions, cost containment initiatives and subsequent changes thereto, and the impact that COVID-19 will have on us, our customers, suppliers, vendors, and other business partners, and the financial condition of any one of them, as well as on our employees and on the global economy as a whole. Any material effect of COVID-19 on any of the foregoing could also adversely impact us. This situation is changing rapidly, and additional impacts may arise of which we are not currently aware and may exacerbate other previously identified risks. The risks and uncertainties also include the uncertainties discussed or identified in the public filings with the SEC and the AMF made by Sanofi, including those listed under “Risk Factors” and “Cautionary Statement Regarding Forward-Looking Statements” in Sanofi’s annual report on Form 20-F for the year ended December 31, 2021. Other than as required by applicable law, Sanofi does not undertake any obligation to update or revise any forward-looking information or statements.

# Agenda

01 **Driving growth with winning assets**
Paul Hudson

02 **Business update**
Bill Sibold, Thomas Triomphe, Olivier Charmeil & Julie Van Ongevalle

03 **Financial performance and outlook**
Jean-Baptiste de Chatillon

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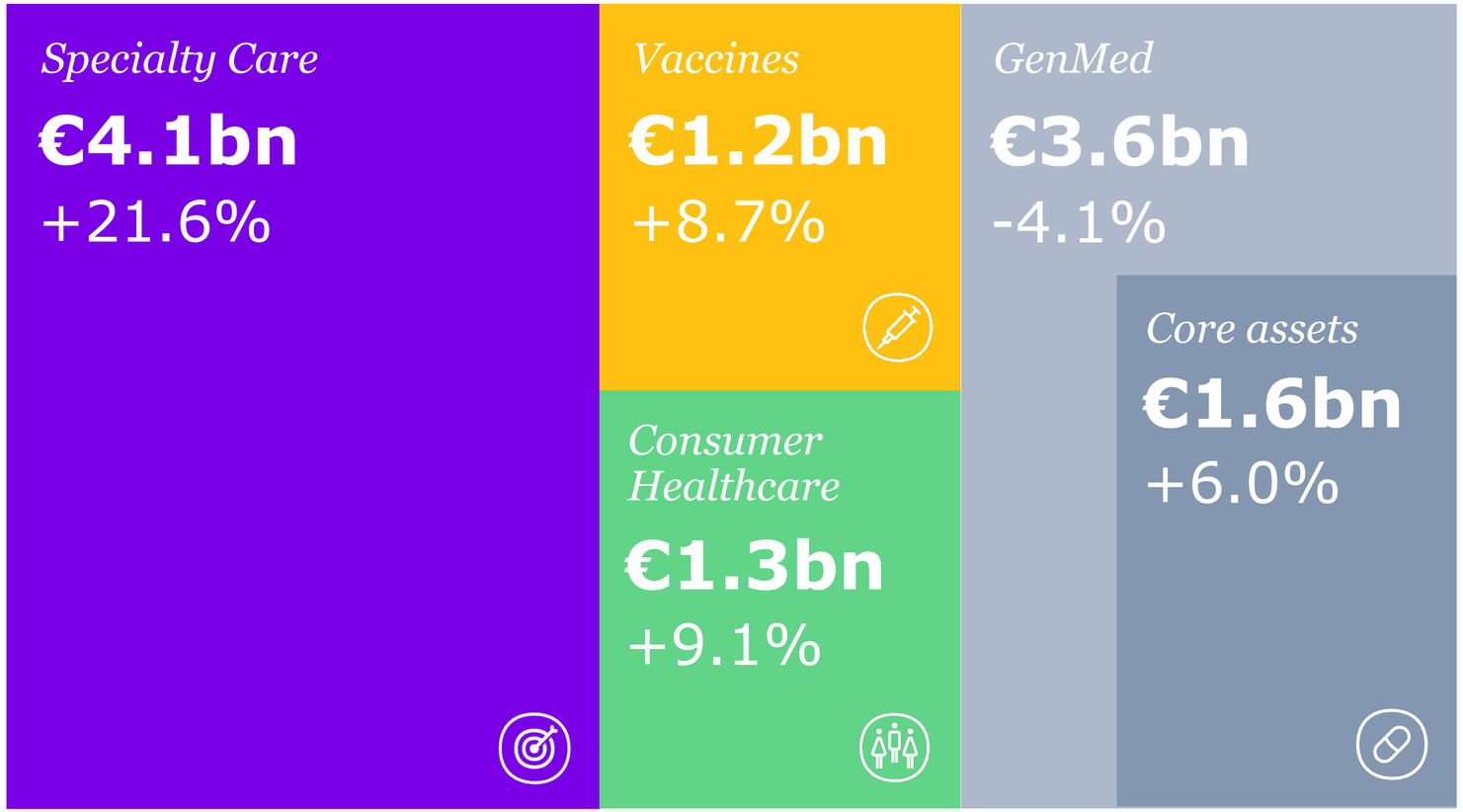
# Driving growth with winning assets

# *Growth drivers* delivered strong Q2 performance, +8.1%




*Specialty Care*
Dupixent® nearly €2bn in sales

*Vaccines*
up on pandemic recovery

*GenMed core assets*
key growth drivers on track

*CHC*
5th consecutive growth quarter

All growth at CER unless footnoted.

# Dupixent® - Now *annualizing almost €8bn*

5 years after launch, growing >40%

Over 450k patients treated

Biologics treatment eligible population around *7 million*

*~150k eligible patients added in Q2 alone*


Source: Sanofi Analysis.

# *Play to Win:* Major proof points of execution on 6-year plan

Today

2020-2022

- ✓ 8 consecutive quarters of **growth**
- ✓ 320bps BOI **margin improvement** from H1'19 to H1'22
- ✓ Structural & cultural **transformation**
- ✓ >25 **value creating** BD and M&A deals
- ✓ Accelerating **digitalization**

2023-2025+

- Maximize Dupixent® megabrand
- Increase investment in *pipeline*
- Readiness for transformative *launches* (nirsevimab, efanesoctocog alfa, amcenestrant and tolebrutinib)
- Manage Aubagio LoE in 2023 in the U.S.
- Drive integrated CSR agenda

# *R&D transformation* delivering on strategy

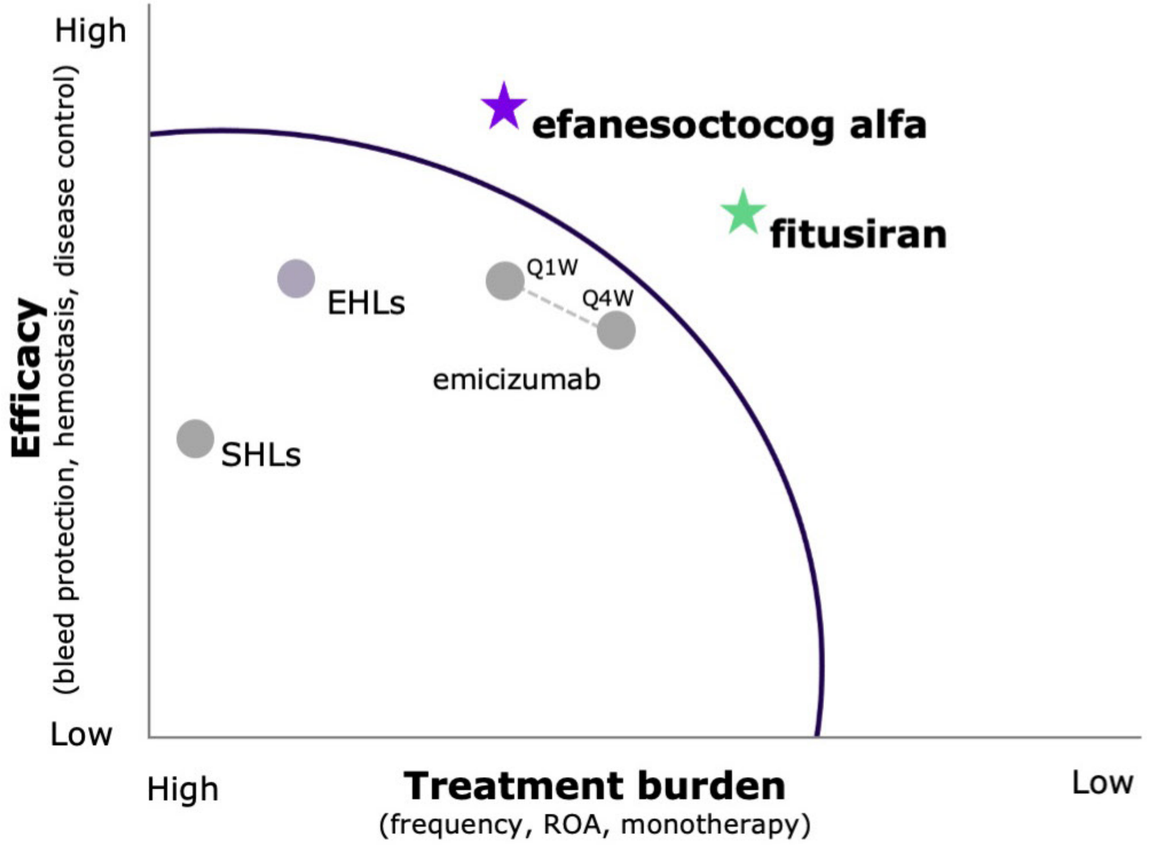
## 2020

- Dupixent® *accelerated development* across Type 2 inflammatory diseases
- Re-allocated funding behind *priority assets*
- Focus on *5 therapeutic areas* in R&D

## H1 2022

- *Dupixent® approved in 4 disease indications* in the U.S., 3 with positive pediatric data
- *2 priority assets submitted:* efanesoctocog alfa and nirsevimab
- *Industry-leading immunology* pipeline

# Sanofi is advancing Hemophilia A treatment by setting *new standards*




*High efficacy class*

**efanesoctocog alfa**

potential *gold-standard* in protection with *weekly* dosing

*Extended efficacy class*

**fitusiran**

potential for *consistent* protection with as few as *6 subcutaneous injections per year*[1]

Q1W: Once Weekly. Q4W: Once Every 4 Weeks. Comparison based on Target Product Profiles. Compared to emicizumab monthly dose.
1. Based on current fitusiran TPP with 50 mg and 20 mg doses; ~80% patients will dose 6 times per year and ~20% patients will dose 12 times per year.

# Nirsevimab, *all infant protection* against RSV

## Pivotal trial results published in NEJM[1]

*74.5%*[2]

efficacy compared to placebo

*77.3%*[3]

reduction of RSV-associated hospitalizations

Filed in Europe, decision expected in *H2 2022,* one year ahead of plan

Positive interactions continue with healthcare authorities endorsing usage, including ACIP charter expanded to allow consideration of mAbs

HARMONIE, a real-world study to *reinforce* our strong dataset and demonstrate the implementation in the current immunization framework

1. Hammitt LL, et al N Engl J Med. 2022 Mar 3; 386 (9): 837-846. 2. This figure is taken from the Phase 3 MELODY study. 3. This figure reflects the prespecified pooled analysis from Ph2b and Ph3 (MELODY).

# Positive *data against Omicron* with Beta-containing COVID-19 vaccine

**Phase 3 efficacy study** with bivalent vaccine
SAN-GSK next-gen vaccine

Against symptomatic infection in adults

**64.7%**
efficacy

*Against Omicron*[1]

**93.2%**
efficacy in seropositive

**Booster studies** with Beta-containing vaccine

COVIBOOST[3] study

**76.1%**[4]
SAN-GSK next-gen booster

**63.2%**[4]
PFE-BNTX D614 booster

*Against Omicron BA.1*

**40-fold**[2]
increase of neutralizing Ab

1. Based on sequencing analysis performed as of 24 Jun-22. 2 VAT02 Cohort 2: GMT increase at Day15 post-immunization. 3. COVIBOOST: https://www.nejm.org/doi/full/10.1056/NEJMc2206711. 4. Participants with >10-fold increase in neutralizing antibody titers for D614 between day 0 and day 15.

## Primary series

First to report *successful efficacy against Omicron* with Beta-containing vaccine

## Next-generation booster

*Strong immune response* against variants of concern, including Omicron

*Higher immune response* vs. PFE-BNTX D614 booster, including against Omicron BA.1

Protein recombinant vaccine with demonstrated safety and tolerability profile

# Global Health Unit

Treatments available
at accessible prices

Health system strengthening
focused on public sector and NGOs

Scaling up inclusive businesses
through the Impact fund

"We view Sanofi as *one of the innovators in the industry*.
In our view, one of Sanofi's leading differentiators is its creation of a non-profit unit that aims to improve global health"

*S&P Global Ratings*

**Sanofi Impact brand**

A platform for new accessible prices

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# Business update

*Q2 2022*

# Specialty Care *performance*

Q2 2022

*Oncology*
**€263m**
+8.0%

*Dupixent®*
**€1,963m**
+43.4%

*Rare Blood Disorders*
**€336m**
+5.5%

*Neurology & Immunology*
**€623m**
+1.1%

*Rare Disease*
**€891m**
+11.6%

All growth at CER unless footnoted.

*€4.1bn* sales +21.6%

## Dupixent®

Outstanding Q2 performance in global markets and 4th disease indication EoE approved in the U.S.

Approval in pediatric patients as young as 6 months further reinforces established safety profile

## Rare Disease

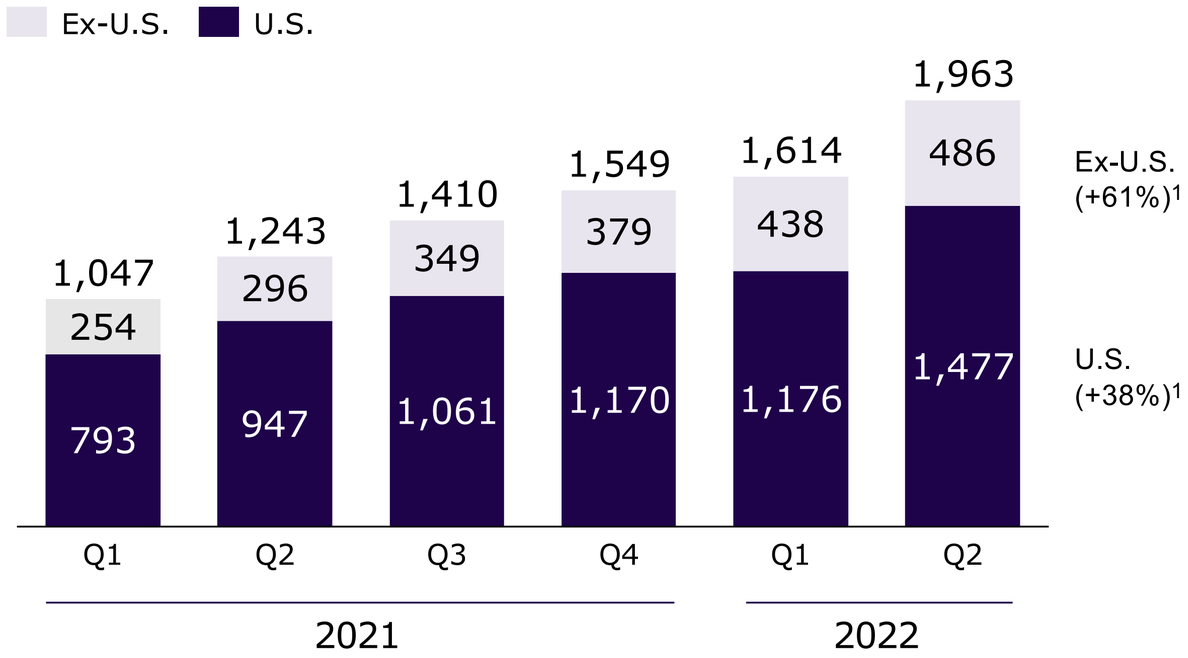
Double-digit growth primarily driven by patient accruals and favorable phasing in the quarter

## Oncology

Sarclisa® - strong launch execution globally continues on currently approved RRMM indications, ahead of IMROZ 1L data expected in Q3

# Dupixent® continues to deliver *outstanding performance* with a strong Q2 step-up

## *Global Dupixent® sales (€m)*




## *Performance highlights in Q2*

Incremental €720m[2] vs Q2 2021

Worldwide growth of +43% vs Q2 2021

## *Recent progress*

- *EoE 12+ approved in the U.S.*; submitted in Europe; *positive pediatric Ph3 trial*[3]
- *AD 6m-5 years old approved in the U.S.*; submitted in Europe
- Prurigo nodularis granted *Priority Review Designation*. PDUFA in Sept 2022; submitted in Europe
- China AD indication expansion to *6-11 yrs*

1. Represents growth Q1 2021 to Q2 2022. All growth at CER. 2. At PUB. 3. U.S. submission currently planned for 2023.

# Dupixent® *5th positive pediatric pivotal trial* across three Type 2 inflammatory diseases reinforcing established *efficacy and safety*

## Expanding to pediatrics

| | U.S. approval |
|---|---|
| **AD 12-18 years** *Continued strong uptake* | ✓ |
| **AD 6-11 years** *Breakthrough designation* | ✓ |
| **AD 6mo-5 years** *The only immuno-dermatology biologic* | ✓ |
| **Asthma 6-11 years** *Approved U.S. and EU* | ✓ |
| **EoE 1-11 years** *Positive Ph3 readout* | Submission planned for 2023 |

## Robust safety dataset

**10,000+** patients studied across 50+ clinical programs

**4 yrs** long-term safety data in adults (>18 years) in AD

**52-week**[1] long-term safety data in adolescents (12-17 years)

**52-week**[1] safety data in pediatric population (6-11 years)

**5 years** in the market since first approval in the U.S.

1. Data from Atopic Dermatitis patients.

# *Efanesoctocog alfa* was well tolerated and prophylaxis provided highly effective protection against bleeds

**FDA** *Breakthrough Therapy Designation*

## *Primary endpoint met*

Clinically meaningful bleed control

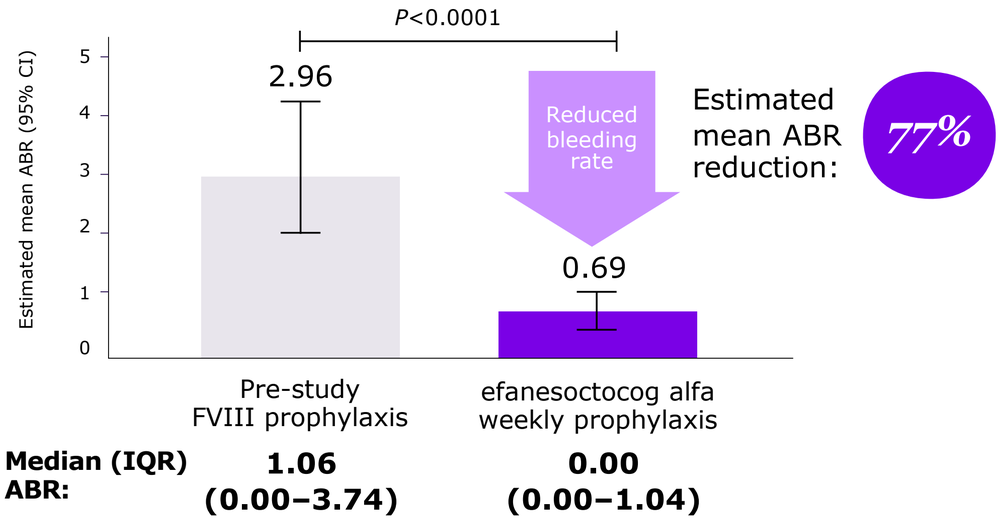
| | **Arm A (n=133)** |
|---|---|
| **ABR, median (IQR)** | 0.00 (0.00–1.04) |
| **ABR, model based[1] mean (95% CI)** | 0.71 (0.52–0.97) |

The primary endpoint was met, demonstrating that efanesoctocog alfa provides *effective bleed protection* because the upper limit of the ABR one-sided 97.5% CI was ≤6

## *Key secondary endpoint met*

Superior bleed control versus prior FVIII prophylaxis

**Intra-patient ABR comparison (n=78)[2,3]**




1. The CI of the mean ABR was estimated using a negative-binomial model with the total number of treated bleeding episodes during the efficacy period as the response variable and log-transformed efficacy period duration (in years) as an offset variable. 2. Estimated using a negative binomial regression model with treatment (efanesoctocog alfa prophylaxis vs pre-study FVIII prophylaxis) as covariate. 3. P-value relates to the null hypothesis that the rate ratio of efanesoctocog alfa prophylaxis/pre-study prophylaxis is equal to 1. Efa was well tolerated. Inhibitor development to FVIII was not detected. No reports of serious allergic reactions, anaphylaxis, or vascular thrombotic events For abbreviations see slide 56.

# Vaccines *performance*

## Q2 2022

*Travel & Endemic*
**€145m**
+83.8%

*Polio Pertussis Hib*
**€589m**
+7.9%

*Boosters*
**€152m**
+32.1%

*Meningitis*
**€153m**
-24.7%

*Influenza*
**€115m**
-5.9%

*€1.2bn* sales +8.7%

Travel and Boosters vaccines accelerated recovery across all regions

PPH driven by strong Pentaxim® sales in China

Meningitis sales in the quarter reflect U.S. CDC order fluctuation

All growth at CER unless footnoted.

# Sanofi influenza vaccines raise the bar by providing *protection beyond flu*[1] in adults 65+

CDC preferential recommendation[2] for adults 65+:
Fluzone® High-Dose and Flublok®

"The *most data, for the most outcomes* are available to support [Fluzone HD]"

*Standard-dose flu vaccines removed* as an option for 65+

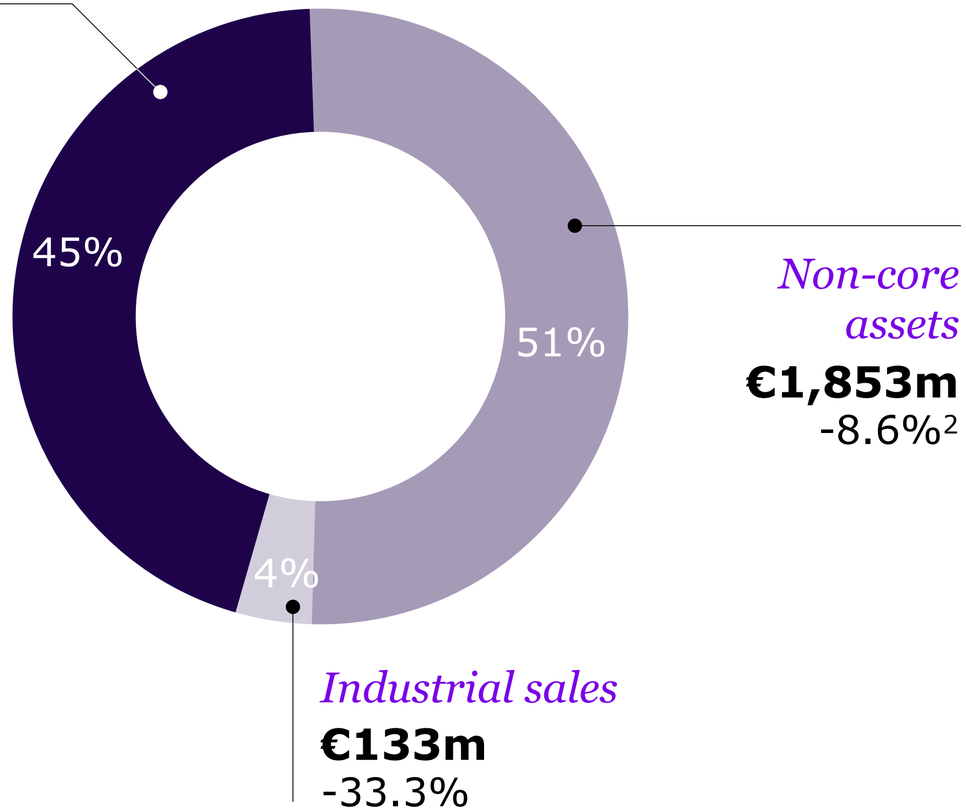
Influenza Vaccine Fluzone® High-Dose Quadrivalent

Flublok® QUADRIVALENT Influenza Vaccine

1. Protection beyond flu, i.e. protection against pneumonia and cardiorespiratoty hospitalizations 2. https://www.cdc.gov/flu/spotlights/2021-2022/specific-vaccines-seniors.htm

# GenMed *performance*

## Q2 2022




*€3.6bn* sales -4.1%

**Core assets[1] on track with ambition to reach 60% of total GenMed sales by 2025**

Robust Rezurock® adoption ~1000 patients (25% of current addressable market); ~80% of U.S. lives covered

High double-digit growth for Praluent®[3] (+47.9%)

**Non-core assets[2] in line with expectations**

Lantus® (-12.1%) due to loss of formulary positions in the U.S.; China insulin VBP implementation in May

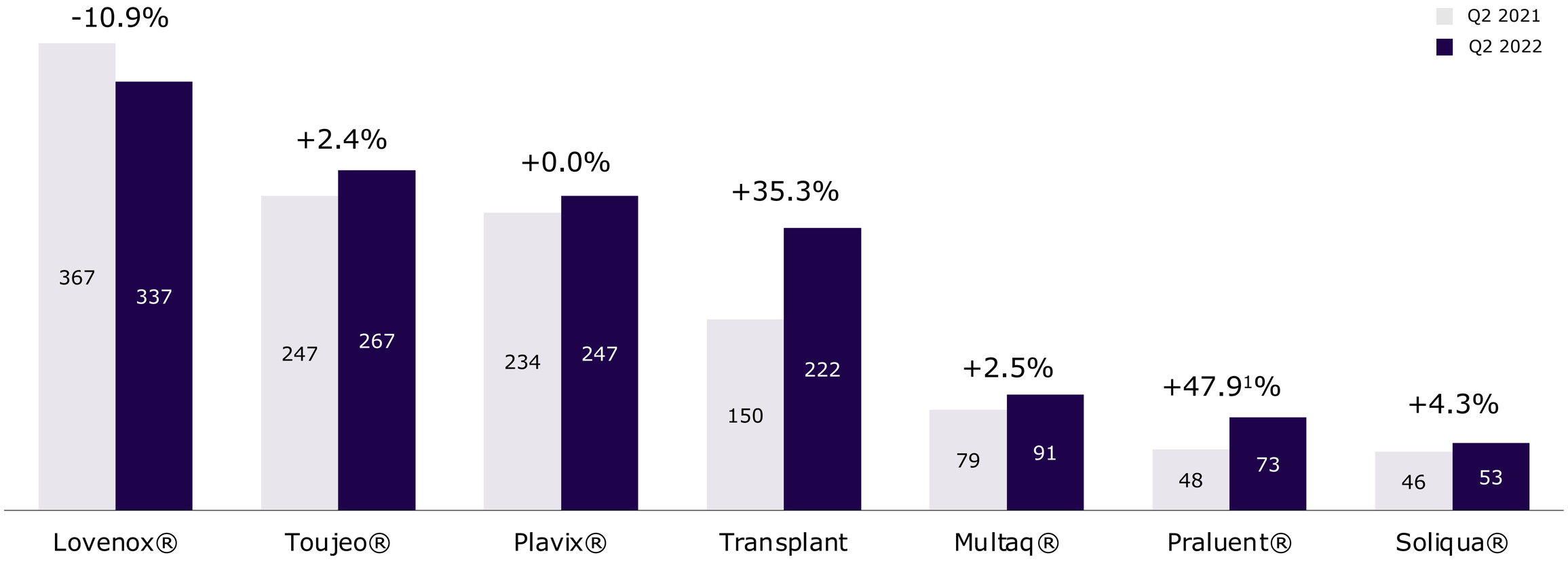
China VBP Wave 5 impact on legacy oncology brands Taxotere® and Eloxatine®

Portfolio streamlining impact -1.9pp

All growth at CER unless footnoted. 1. Core assets growth excluding U.S. Praluent® +2.6%
2. Non-core assets growth excluding product divestitures -6.7% 3. Excl. Praluent® U.S.

# GenMed: Q2 2022 *core assets* performance

€ millions




All growth at CER unless footnoted. 1. Praluent growth excluding U.S. one-off adjustment was +47.9%.

# *Expanding affordable access* for underserved communities

## *Valyou* insulin program in the U.S.

Continued commitment to ensure affordability by lowering out-of-pocket cost of insulin for uninsured patients since 2018

---

Uninsured people living with diabetes will pay a fixed-cost of $35 for a 30-day supply of Sanofi insulins

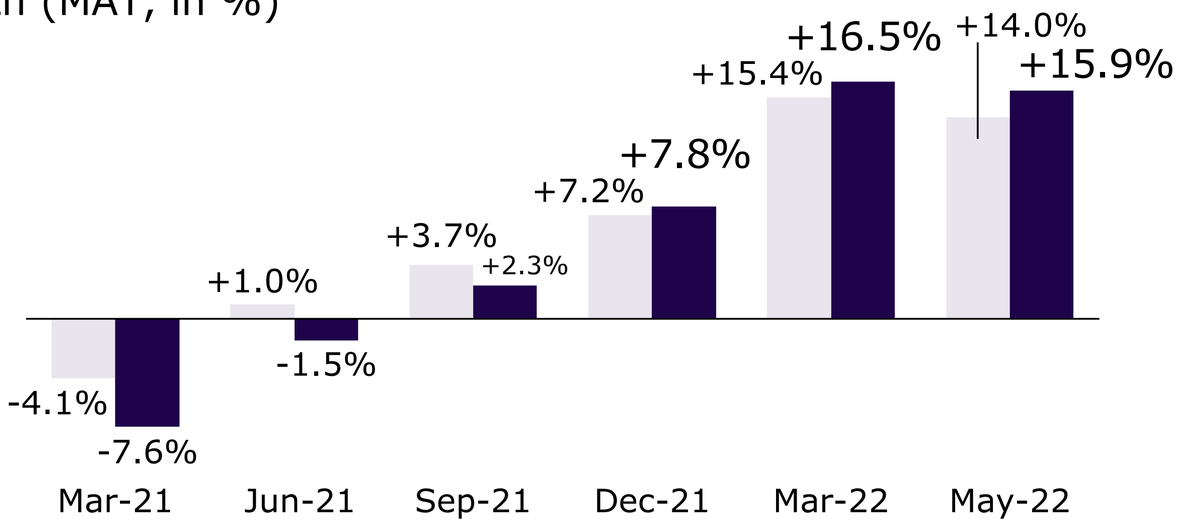
---

In 2021, program used more than 97,000 times, providing more than $37 million in savings to people living with diabetes[1]

1. Savings based on Valyou program 2021 price of $99 a month.

# CHC: *Consistent growth* now in line with market

Growth (MAT, in %)




| | Mar-21 | Jun-21 | Sep-21 | Dec-21 | Mar-22 | May-22 |
|---|---|---|---|---|---|---|
| **Delta vs. market** | **-3.4pt** | **-2.5pt** | **-1.4pt** | **+0.6pt** | **+1.1pt** | **+1.9pt** |

Market Sanofi

Market = Total retail sales of the OTC market, excl. China, incl. ~50% of the eCom channel (data provided by various vendors, e.g. IQVIA, Nielsen, IRI, Intage, and compiled by Sanofi).

## Delivering on strategy

Grow priority brands above market growth as early as 2022 in key geographies

Simplify: from over 250 brands down to 140 brands as of Q2

Progress towards stand-alone structure on track

## Progressing Cialis switch

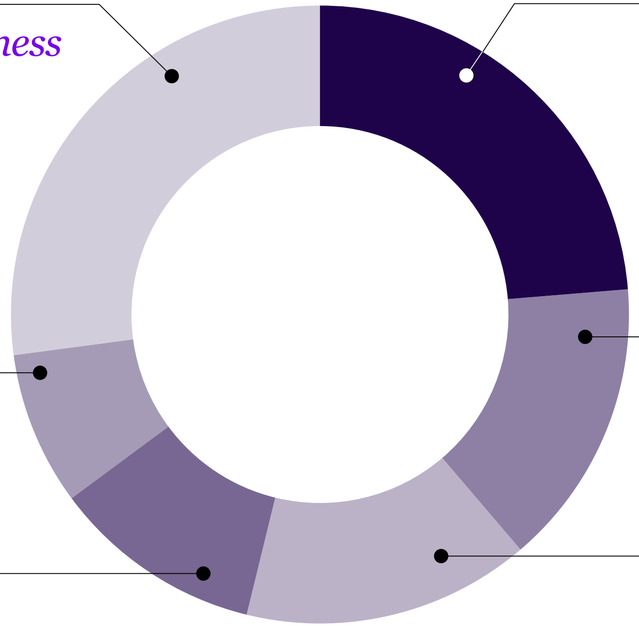
Positive and constructive meeting with FDA to determine path forward for program

Continuing to collaborate with FDA to finalize next steps

No change to size of business opportunity

# CHC *performance*

## Q2 2022



*Digestive Wellness*
**€336m**
+9.3%

*Pain Care*
**€304m**
+5.8%

*Cough & Cold*
**€98m**
+74.5%

*Allergy*
**€192m**
+16.2%

*Physical & Mental Wellness*
**€142m**
+1.5%

*Others*
**€193m**
-5.8%

*€1.3bn* sales +9.1%

**Q2 organic growth** +10.5%

**5th consecutive growth quarter**

Cough & Cold strong performance from longer lasting season and boosted by COVID-19 pandemic

Digestive Wellness maintains strong momentum

All regions and key categories grew in Q2

All growth at CER. Organic growth: excluding impacts of divestments & acquisitions.

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# Financial performance

*Q2 2022*

# Q2 P&L

| *€m* | *Q2 2022* | *Q2 2021* | *% Change (CER)* |
|---|---|---|---|
| **Net Sales** | **10,116** | **8,744** | **+8.1%** |
| Other revenues | 626 | 301 | +85.0% |
| Gross profit | 7,493 | 6,187 | +12.2% |
| Gross margin % | 74.1%[1] | 70.8%[1] | |
| R&D | (1,658) | (1,396) | +12.8% |
| SG&A | (2,574) | (2,337) | +2.8% |
| **Operating Expenses** | **(4,232)** | **(3,733)** | **+6.6%** |
| Other current operating income & expenses | (523) | (198) | +110.1% |
| **Business Operating Income** | **2,753** | **2,265** | **+13.2%** |
| Business operating margin | 27.2%[1] | 25.9%[1] | |
| Effective tax rate | 19.0% | 21.0% | |
| **Total Business Net Income** | **2,170** | **1,731** | **+16.6%** |
| Average number of shares | 1,250.8 | 1,251.3 | |
| **Business EPS** | **1.73** | **1.38** | **+16.7%** |

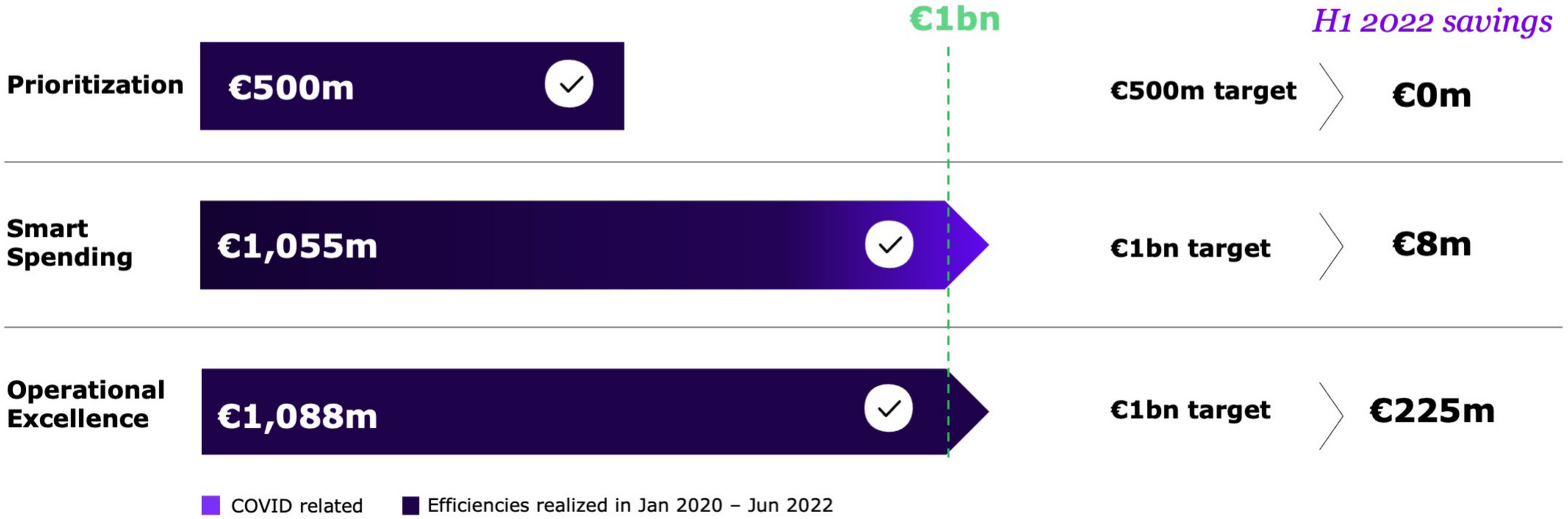
All growth at CER unless footnoted. 1. At PUB.

# Transformation driving *strong H1 financial performance indicators*

| | *H1 2022* | *H1 2021* | *Change[1]* |
|---|---|---|---|
| **Sales** | **€19.8bn** | €17.3bn | **+8.4%** |
| **Gross margin** | **74.1%[2]** | 71.5%[2] | **+2.1pp** |
| **R&D spend** | **€3.1bn** | €2.7bn | **+13.4%** |
| **BOI margin** | **29.4%** | 28.3% | **+110bps** |
| **Business EPS** | **€3.68** | €3.00 | **+16.3%** |

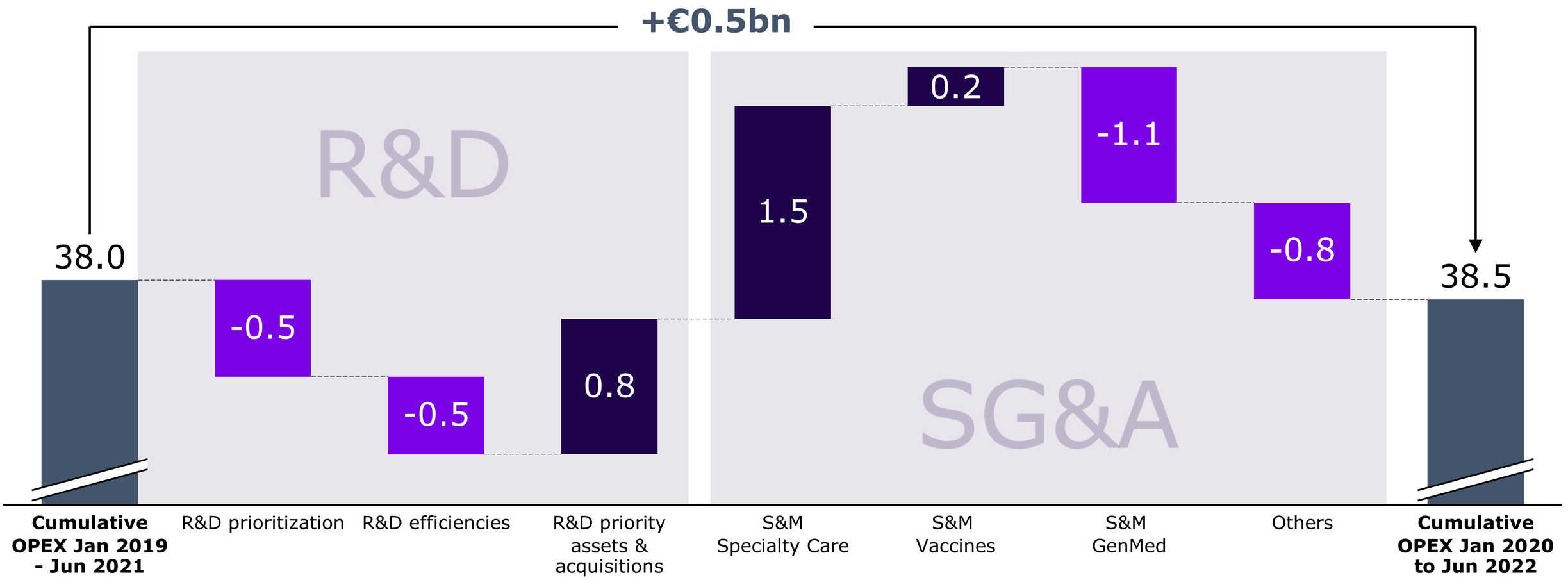
1. All growth at CER. 2. At PUB.

# €2.5bn *savings target on track* to be achieved by 2022 end




Per Dec 2019 CMD, €2bn of savings expected from Dec 2019 to Dec 2022 and in February 2021, savings target raised to €2.5bn.

# *Reinvesting* an incremental €0.5bn in growth over one year




COGS savings not included.

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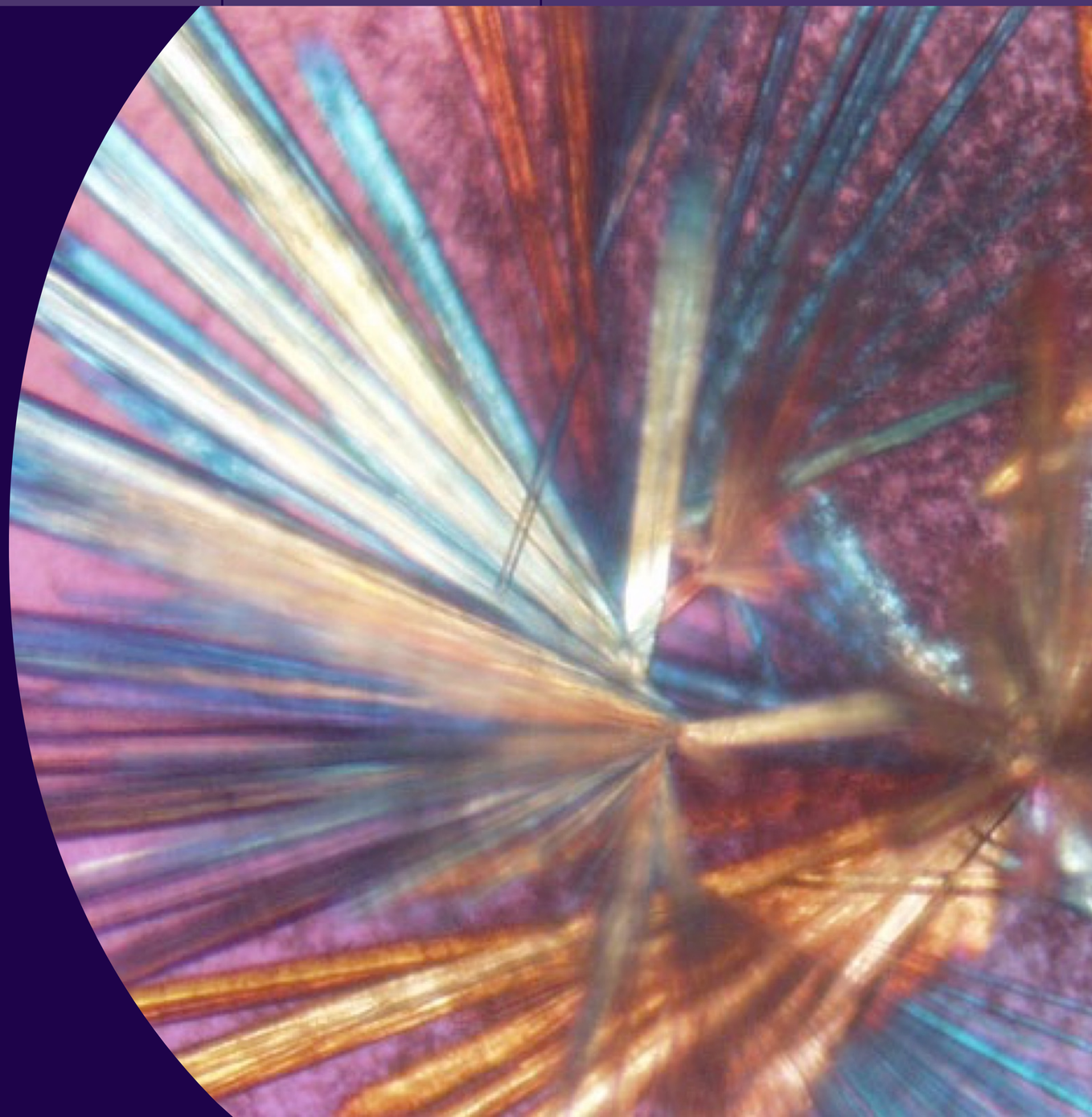
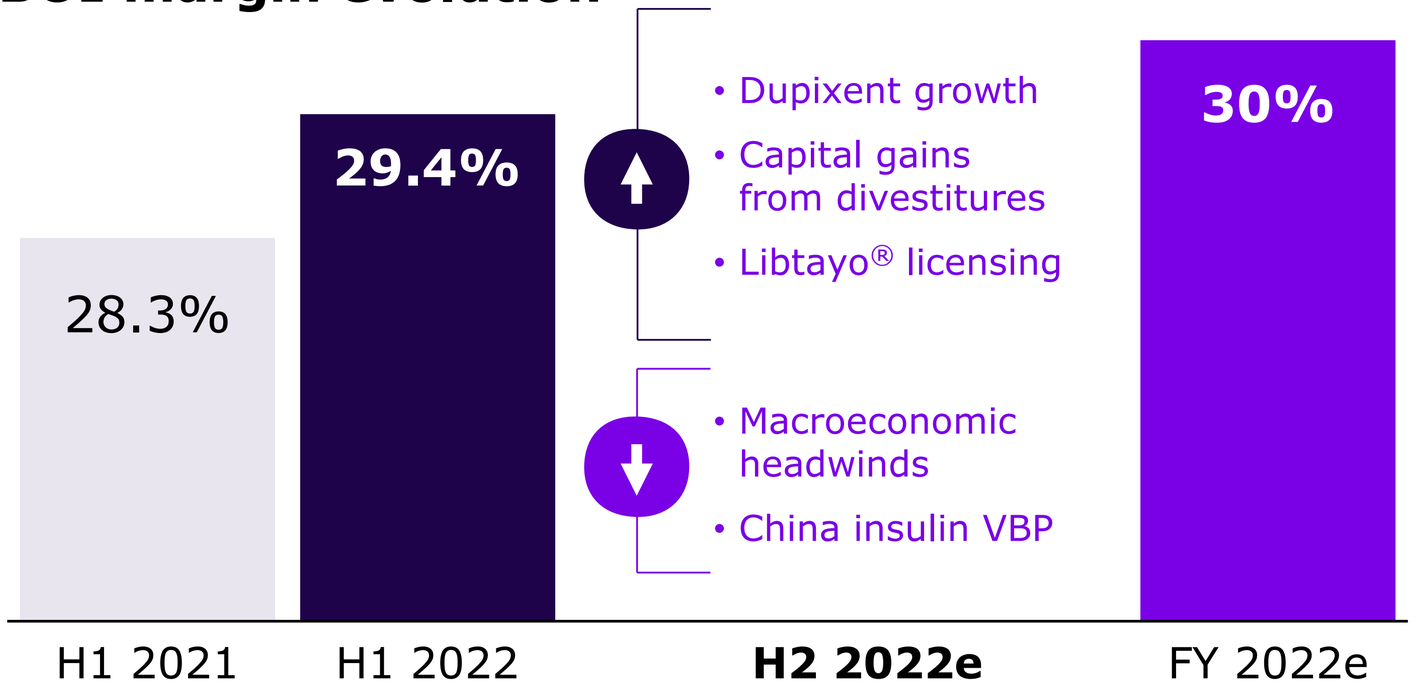
# Outlook

*H2 2022*



# *Anticipated H2 drivers* relevant to FY 2022 BOI margin target

## BOI margin evolution




## Business dynamics in H2

- Stable Specialty Care growth
- EuroAPI and Libtayo® sales removed
- CHC market growth moderating
- GenMed sales momentum towards end of year
- Vaccines record flu sales

Barring unforeseen events.

# *Upgraded* 2022 FY guidance

## *BOI margin*

30%

## *EPS growth*

around **15%** growth at CER

Approximately +7.5% to +8.5% currency impact[1]

Barring unforseen events. 1. Based on July 2022 average rates.

# Q&A session

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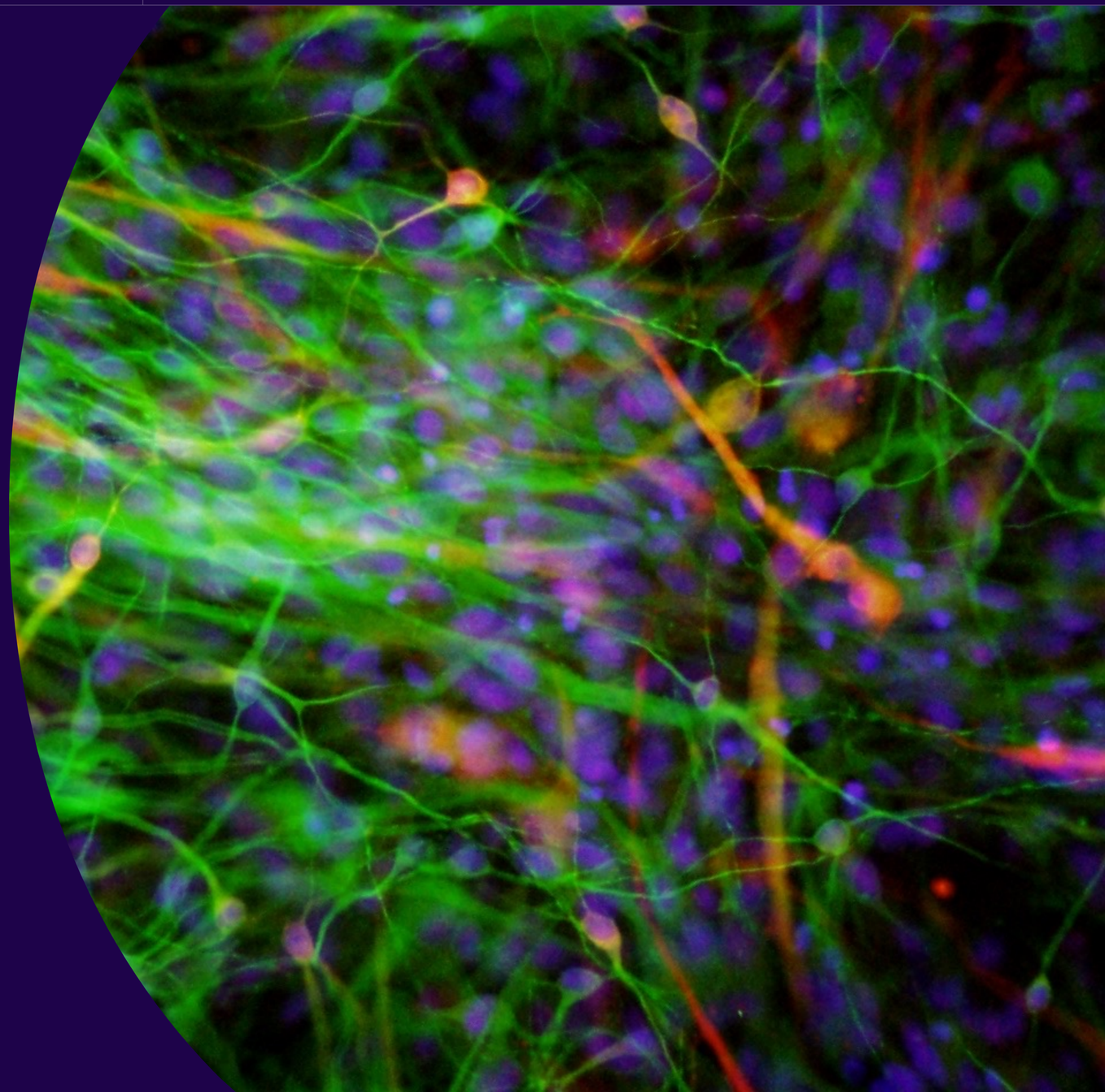
# R&D appendices



# Expected R&D *milestones* in 2022

| | | *H1 2022* | *H2 2022* | *Status as of Q2* |
|---|---|---|---|---|
| **Dupixent®** | EoE | U.S./EU regulatory submissions | | Approved **U.S./**Submitted **EU** |
| | PN | U.S./EU regulatory submissions | | Submitted **U.S./EU** |
| | CSU | Pivotal trial readout (Study B) | | Negative readout, program continues |
| | CInDU | | Pivotal trial readout | Now expected in H1 2023 |
| **Oncology** | amcenestrant 2/3L mBC | Pivotal trial readout | | Negative readout (AMEERA-3) |
| | SAR'245 | | Phase 3 decision | |
| | Sarclisa® (1L MM) | | Pivotal trial readout (IMROZ) | |
| | Libtayo® (1L NSCLC CT combo) | | U.S. regulatory decision | |
| **Rare Blood Disorders** | efanesoctocog alfa (HemA) | Pivotal trial readout | U.S. submission (mid-year) | **Positive** readout |
| | sutimlimab (CAD) | US regulatory decision | | Approved |
| **Rare Diseases** | olipudase alfa (ASMD) | JP regulatory decision (SAKIGAKE) | U.S. regulatory decision | Approved **JP/EU** |
| **Vaccines** | nirsevimab (RSV) | EU submission | U.S. submission | Submitted **EU** |
| | RSV Toddler | | Pivotal trial decision | |
| | COVID-19 recombinant | U.S./EU regulatory submissions | | Submitted **EU** |

As of June 30, 2022, barring unforeseen events. For abbreviations see slide 56.

# R&D Pipeline Phase III & Registration

## *Phase III*

| Name | Description | Indication |
|---|---|---|
| **Dupixent®**[A] | Anti-IL-4/IL-13 mAb | Bullous Pemphigoid |
| **Dupixent®**[A] | Anti-IL-4/IL-13 mAb | Chronic Spontaneous Urticaria |
| **Dupixent®**[A] | Anti-IL-4/IL-13 mAb | Chronic Obstructive Pulmonary Disease |
| **Dupixent®**[A] | Anti-IL-4/IL-13 mAb | Chronic Inducible Cold Urticaria |
| **Dupixent®**[A] | Anti-IL-4/IL-13 mAb | Chronic Rhinosinusitis without Nasal Polyps |
| **Dupixent®**[A] | Anti-IL-4/IL-13 mAb | Allergic Fungal Rhinosinusitis |
| **Dupixent®**[A] | Anti-IL-4/IL-13 mAb | Chronic Pruritus of Unknown Origin |
| **itepekimab**[A] | Anti-IL-33 mAb | Chronic Obstructive Pulmonary Disease |
| **Sarclisa®** | Anti-CD38 mAb + combinations | 1L Newly Diag. MM Ti (IMROZ) |
| **Sarclisa®** | Anti-CD38 mAb + combinations | 1L Newly Diag. MM Te (GMMG) |
| **Sarclisa®** | Anti-CD38 mAb + combinations | Smoldering MM (ITHACA) |
| **amcenestrant** | SERD + palbociclib | 1L Metastatic breast cancer |
| **amcenestrant** | SERD | Adjuvant breast cancer |
| **tusamitamab ravtansine** | Anti-CEACAM5 ADC | 2/3L NSCLC |
| **tolebrutinib** | BTK inhibitor | Relapsing Multiple Sclerosis |
| **tolebrutinib** | BTK inhibitor | Primary Progressive MS |
| **tolebrutinib** | BTK inhibitor | Secondary Progressive MS |
| **tolebrutinib** | BTK inhibitor | Myasthenia Gravis |
| **Nexviazyme®** | Enzyme Replacement Therapy (GAA) | Pompe Disease - Infantile Onset |
| **venglustat** | Oral GCS inhibitor | GM2 Gangliosidosis |
| **venglustat** | Oral GCS inhibitor | Gaucher Disease Type 3 |
| **venglustat** | Oral GCS inhibitor | Fabry Disease |
| **fitusiran** | RNAi targeting anti-thrombin | Hemophilia A and B |
| **fitusiran** | RNAi targeting anti-thrombin | Hemophilia A and B pediatric |
| **rilzabrutinib** | BTK inhibitor | Immune Thrombocytopenia |
| **efanesoctocog alfa**[B] | rFVIIIFc – vWF – XTEN | Hemophilia A |
| **MenQuadfi®** | Meningococcal (A,C,Y,W) conjugate vaccine | Meningitis 6w+ (U.S. / EU) |
| **VRVg** | Purified vero rabies vaccine | Rabies |

## *Registration*

| Name | Description | Indication |
|---|---|---|
| **Dupixent®**[A] | Anti-IL-4/IL-13 mAb | Prurigo Nodularis |
| **Libtayo®**[A] | Anti-PD-1 mAb + chemotherapy | 1L NSCLC |
| **SP0253**[D] | Recombinant baculovirus Vaccine | COVID-19 |
| **nirsevimab**[C] | Anti-RSV mAb | Respiratory Syncytial Virus (RSV) |

Immuno-inflammation
Oncology
Neurology
Rare Diseases
Rare Blood Disorders
Vaccines

As of June 30, 2022. For collaborations see slide 55. For abbreviations see slide 56.

# R&D Pipeline – Phase II

## *Phase II*

| | Name | Description | Indication |
|---|---|---|---|
| R | **Kevzara®**[A] | Anti-IL-6 mAb | Polyarticular Juvenile Idiopathic Arthritis |
| R | **Kevzara®**[A] | Anti-IL-6 mAb | Systemic Juvenile Arthritis |
| | **amlitelimab**[1] | Anti-OX40L mAb | Atopic Dermatitis |
| | **rilzabrutinib** | BTK inhibitor | IgG4-related disease |
| | **rilzabrutinib** | BTK inhibitor | Atopic Dermatitis |
| | **rilzabrutinib** | BTK inhibitor | Asthma |
| | **rilzabrutinib** | BTK inhibitor | Chronic Spontaneous Urticaria |
| | **eclitasertib**[E,2] | RIPK1 inhibitor | Cutaneous Lupus Erythematosus |
| | **SAR441344**[F] | Anti-CD40L mAb | Sjogren's Syndrome |
| | **SAR441344**[F] | Anti-CD40L mAb | Systemic Lupus Erythematosus |
| | **SAR444727** | BTK inhibitor (topical) | Atopic Dermatitis |
| | **SAR445088**[3] | Complement C1s inhibitor | Antibody-Mediated Rejection |
| R | **Sarclisa®** | Anti-CD38 mAb | 1-2L AML / ALL pediatrics |
| | **Sarclisa®** | Anti-CD38 mAb + combinations | Relapsed, Refractory Multiple Myeloma |
| | **alomfilimab**[4] | Anti-ICOS mAb | Solid tumors |
| | **tusamitamab ravtansine** | Anti-CEACAM5 ADC + ramucirumab | 2/3L NSCLC |
| | **tusamitamab ravtansine** | Anti-CEACAM5 ADC | Exploratory Solid tumors |
| | **tusamitamab ravtansine** | Anti-CEACAM5 ADC + pembrolizumab | 1L NSCLC |
| | **tusamitamab ravtansine** | Anti-CEACAM5 ADC + ramucirumab | Gastric cancer |
| | **SAR444245**[5] | Non-alpha IL-2 + cemiplimab | Skin cancers |
| | **SAR444245**[5] | Non-alpha IL-2 + combinations | Gastrointestinal cancer |
| | **SAR444245**[5] | Non-alpha IL-2 + combinations | NSCLC / Mesothelioma |
| | **SAR444245**[5] | Non-alpha IL-2 + combinations | Head & Neck tumors |
| | **SAR444245**[5] | Non-alpha IL-2 + combinations | Lymphoma |
| | **SAR442720**[G] | SHP2 inhibitor + KRAS inhibitor | 2L NSCLC |

| Name | Description | Indication |
|---|---|---|
| **SAR445088**[3] | Complement C1s inhibitor | CIDP |
| **SAR441344**[F] | Anti-CD40L mAb | Multiple Sclerosis |
| **SAR443820**[E,6] | RIPK1 inhibitor | Amyotrophic Lateral Sclerosis |
| **Sarclisa®** | Anti-CD38 mAb | Warm Autoimmune Hemolytic Anemia |
| **rilzabrutinib** | BTK inhibitor | Warm Autoimmune Hemolytic Anemia |
| **SAR445088**[3] | Complement C1s inhibitor | Cold Agglutinin Disease |
| **Fluzone® HD (SP0178)** | Inactivated influenza Vaccine (IIV) | Pediatric Flu |
| **SP0218** | Vero cell Vaccine | Yellow fever |
| **SP0202**[H] | Next Generation Conjugate Vaccine | Pneumococcal |
| **SP0125** | Live Attenuated Virus Vaccine | Respiratory syncytial virus (toddler) |
| **SP0230** | Multicomponent Vaccine | Meningitis B |

- Immuno-inflammation
- Oncology
- Neurology
- Rare Diseases
- Rare Blood Disorders
- Vaccines
- R Registrational Study (other than Phase 3)

As of June 30, 2022. For collaborations see slide 55. For abbreviations see slide 56.
1. Formerly known as SAR445229/KY1005. 2. Also known as SAR443122/DNL758. 3. Formerly known as BIVV020. 4.Formerly known as KY1044/SAR445256. 5. Formerly known as THOR707. 6. Also known as DNL788. Planned to enter phase 2 in MS.

# R&D Pipeline – Phase I

## *Phase I*

| | Name | Description | Indication |
|---|---|---|---|
| | **SAR441566** | Oral TNF inhibitor | Inflammatory indications |
| | **SAR444656**[I,1] | IRAK4 degrader | Atopic Dermatitis |
| | **SAR444336** | Pegylated IL-2 | Inflammatory Indication |
| | **SAR443726** | Anti-IL-13/OX40L Nanobody® VHH | Atopic Dermatitis |
| | **SAR442970** | Anti-TNFa/OX40L Nanobody® VHH | Inflammatory Indication |
| | **SAR443765** | Anti-IL-13/TSLP Nanobody® VHH | Inflammatory Indication |
| | **SAR442999** | Anti-TNFa/IL-23A Nanobody® VHH | Inflammatory Indication |
| | **SAR441000**[J] | Cytokine mRNA | Solid tumors |
| | **SAR442257** | Anti-CD38/CD28/CD3 trispecific mAb | MM / N-H Lymphoma |
| | **SAR442720**[G] | SHP2 inhibitor + pembrolizumab | 1L NSCLC |
| | **SAR444881**[K] | Anti-ILT2 mAb | Solid tumors |
| | **SAR445419**[3] | NK-cell-based immunotherapy | Acute Myeloid Leukemia |
| | **SAR443216** | Anti-CD3/CD28/HER2 trispecific mAb | Gastric cancer |
| | **SAR445710**[4] | Anti-PD-L1/IL-15 fusion protein | Solid tumors |
| | **SAR443579**[L] | Anti-NKp46/CD123 bispecific mAb | Acute Myeloid Leukemia |
| | **SAR446309**[5] | HER2 T-Cell engager | Solid tumors |
| | **SAR442501** | Anti-FGFR3 Ab | Achondroplasia |
| | **SAR443809** | Anti-Factor Bb mAb | Rare renal diseases |
| | **SP0273** | mRNA Vaccine | Influenza |

- Immuno-inflammation
- Oncology
- Neurology
- Rare Diseases
- Rare Blood Disorders
- Vaccines

As of June 30, 2022. For collaborations see slide 55. For abbreviations see slide 56.
1. Also known as KT474. 2. Also known as SAR443122/DNL758. 3.Formerly known as KDS1001. 4. Formerly known as KD033. 5. Formerly know as AMX-818.

# Expected submission timelines

## 2022

- **Dupixent®**[A] Chronic spontaneous urticaria
- **efanesoctocog alfa**[B] Hemophilia A
- **Sarclisa®** 1L Newly Diagnosed MM Ti (IMROZ)

## 2023

- **Dupixent®**[A] Chronic Inducible Cold Urticaria
- **tusamitamab ravtansine** 2-3L NSCLC
- **Kevzara®**[A] Polyarticular juvenile idiopathic arthritis

## 2024

- **Dupixent®**[A] COPD
- **Nexviazyme®** Pompe Disease - Infantile Onset
- **Dupixent®**[A] Allergic Fungal Rhinosinusitis
- **venglustat** GM2 gangliosidosis
- **itepekimab**[A] COPD
- **rilzabrutinib** ITP
- **Sarclisa®** Newly Diagnosed MM Te (GMMG)
- **fitusiran** Hemophilia A/B
- **amcenestrant** plus palbociclib 1L mBC
- **MenQuadfi®** 6w+
- **tolebrutinib** RMS

## 2025 and beyond

- **Dupixent®**[A] CPUO
- **tolebrutinib** MG
- **Dupixent®**[A] Bullous pemphigoid
- **tolebrutinib** PPMS
- **Dupixent®**[A] Chronic Sinusitis without Nasal Polyps
- **tolebrutinib** SPMS
- **Kevzara®**[A] Systemic Juvenile Arthritis
- **venglustat** Gaucher Type 3
- **amlitelimab** Atopic Dermatitis
- **venglustat** Fabry Disease
- **Sarclisa®** 1-2L AML / ALL ped.
- **fitusiran** Hemophilia A/B ped
- **Sarclisa®** Smoldering MM
- **VRVg** Purified vero rabies vaccine
- **amcenestrant** adj breast cancer

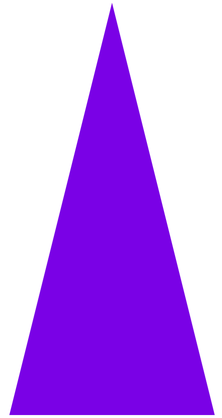
- Immuno-inflammation
- Oncology
- Neurology
- Rare Diseases
- Rare Blood Disorders
- Vaccines

As of June 30, 2022. For collaborations see slide 55. For abbreviations see slide 56.
Excluding Phase 1 and 2 (without Proof of Commercial Concept); projects within a specified year are not arranged by submission timing.

# *Amcenestrant:* Addressing large unmet need in *1L and adjuvant* ER+ breast cancer

| | *Population* | *Trial (n)* | *Main comparator* | *Dose* | *Planned submission* |
|---|---|---|---|---|---|
| AMEERA-3 | 2L+ | Phase 2 (250) | fulvestrant | 400mg (4 capsules) | - |
| AMEERA-5 | 1L | Phase 3 (1068) | letrozole (AI) | 200mg (1 tablet) | 2024 |
| AMEERA-6 | High risk adjuvant | Phase 3 (3738) | tamoxifen | 200mg (1 tablet) | 2026 |

AMEERA

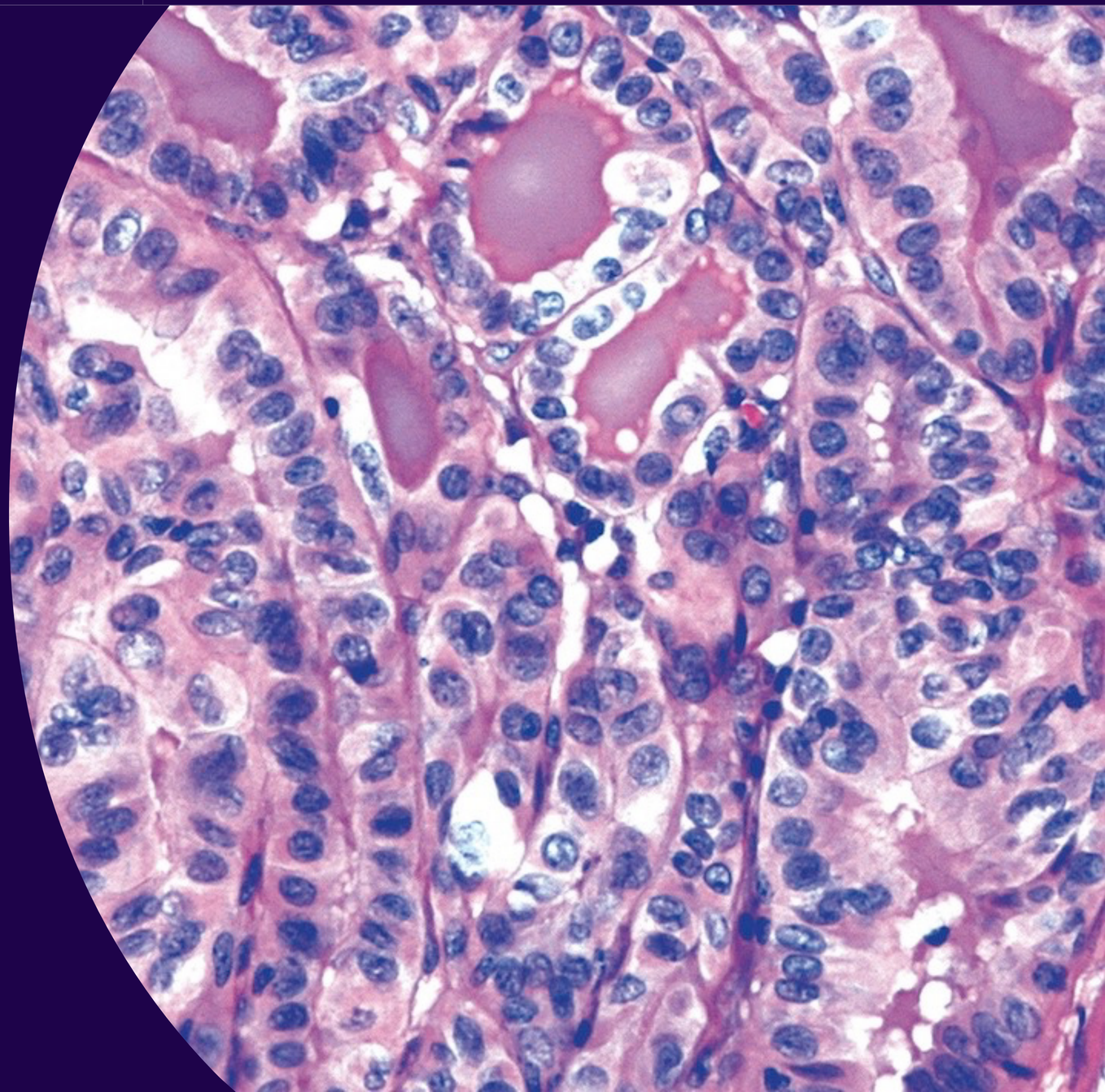


**Market potential**

AMEERA-3 data to be presented at ESMO in September 2022

sanofi

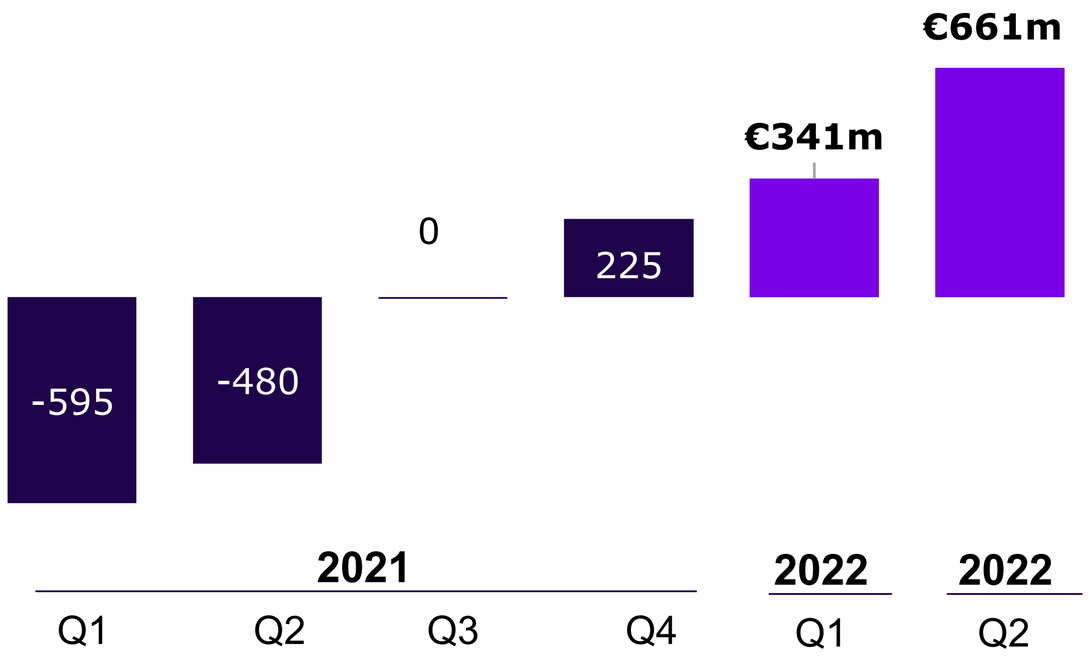
# Financial appendices



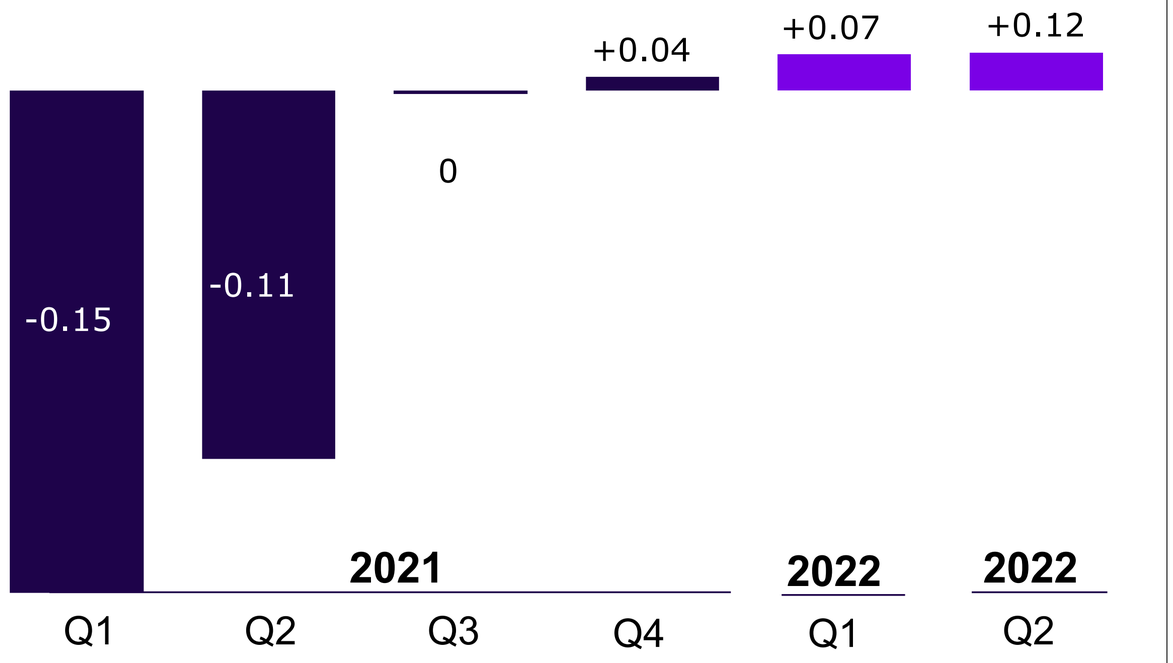
# Q2 sales and EPS

## Currency impact

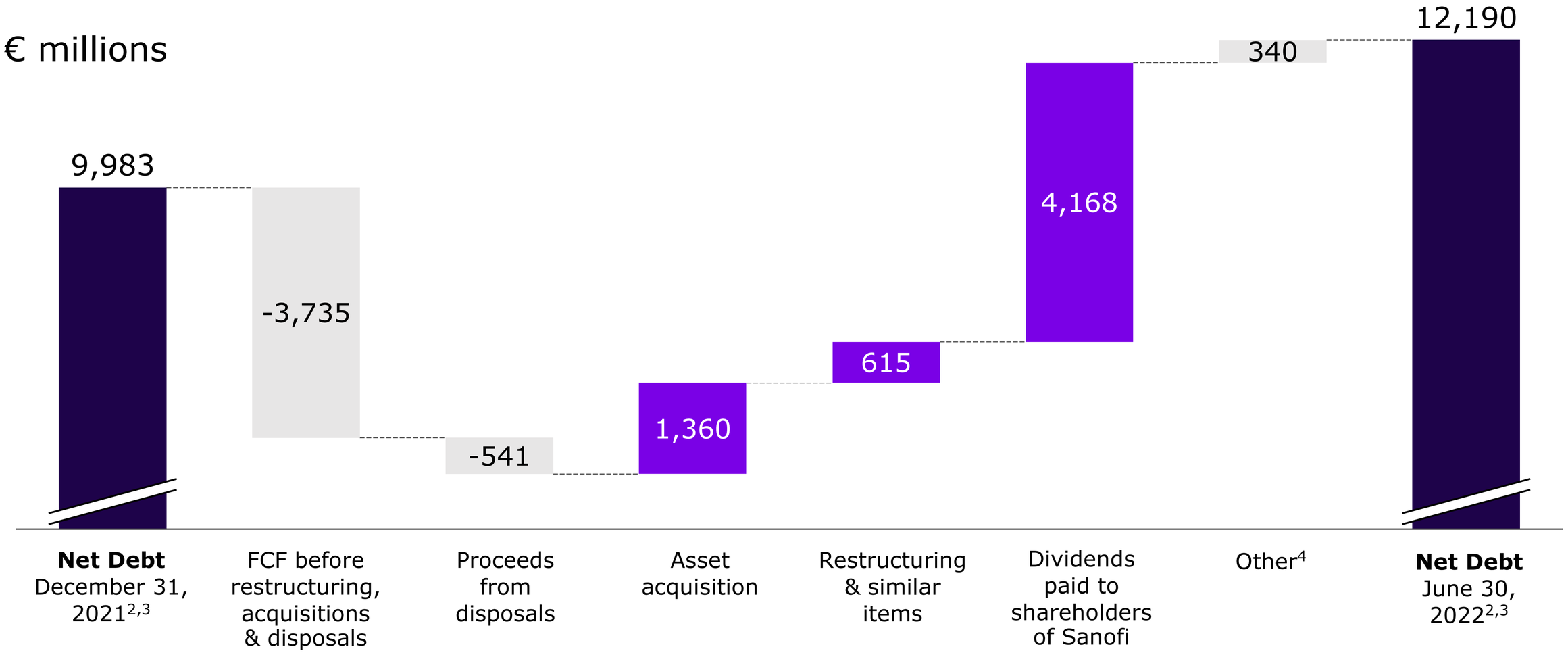
*Company sales*




*Business EPS*



# Net debt evolution in H1 2022[1]




1. Credit ratings reaffirmed: Moody's A1/stable, S&P AA/stable, Scope AA/stable as of June 30, 2022. 2. Including derivatives used to manage net debt: -€226m at December 31, 2021 and €84m at June 30, 2022.
3. Effective January 1, 2019, net debt does not include lease liabilities following the first-time application of IFRS16. 4. Including €360m use of funds from acquisition of treasury shares and €40m of proceeds from issuance of Sanofi shares.

# 2022 currency sensitivity and Q2 2022 currency exposure

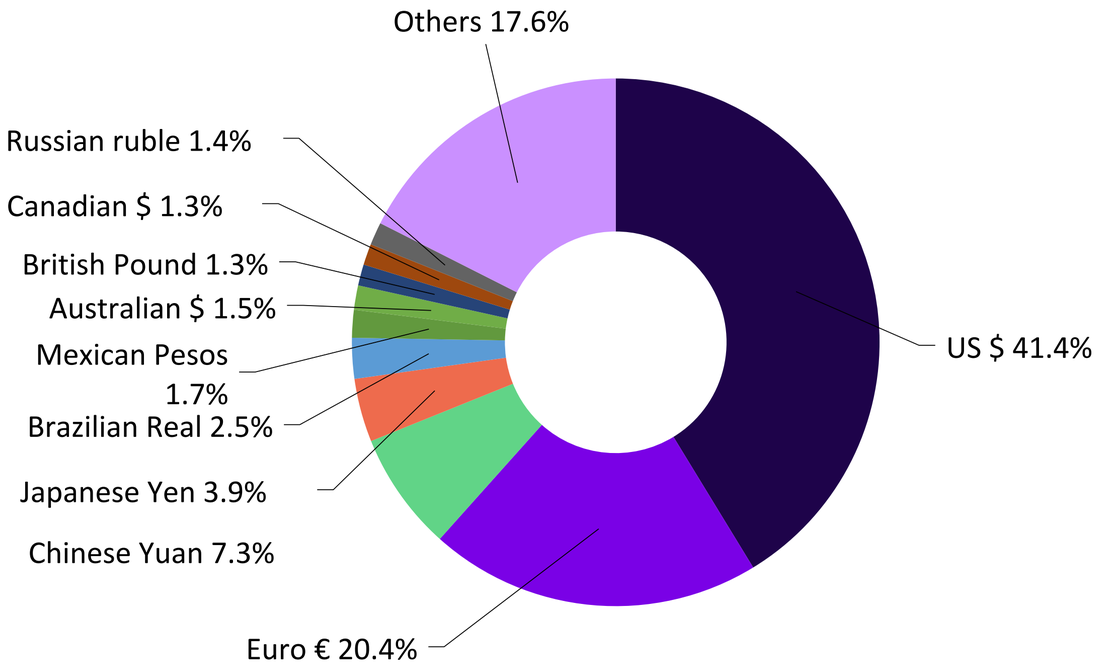
## *2022 Business EPS currency sensitivity*

| Currency | Variation | Business EPS sensitivity |
|---|---|---|
| U.S. Dollar | + 0.05 USD/EUR | - EUR 0.14 |
| Japanese Yen | + 5 JPY/EUR | - EUR 0.02 |
| Chinese Yuan | + 0.2 CNY/EUR | - EUR 0.02 |
| Brazilian Real | + 0.4 BRL/EUR | - EUR 0.01 |
| Russian Ruble | + 10 RUB/EUR | - EUR 0.02 |

## *Currency average rates*

| | Q2 2021 | Q2 2022 | % change |
|---|---|---|---|
| EUR/USD | 1.21 | 1.07 | -11.7% |
| EUR/JPY | 131.91 | 138.14 | +4.7% |
| EUR/CNY | 7.79 | 7.06 | -9.4% |
| EUR/BRL | 6.39 | 5.24 | -18.0% |
| EUR/RUB | 88.49 | 71.40 | -20.2% |

## *Currency exposure on Q2 2022 sales*



# 2022 business *outlook*

## *Sales*

### Specialty Care
Growth driven by Dupixent®, N&I slightly down, all other franchises growing

### Vaccines
Record flu season sales

### Consumer Healthcare
Growth of priority brands above market in key geographies

### GenMed
Core assets expected to continue to grow; overall GBU sales stable

**EUROAPI**
Deconsolidation of sales from May

## *P&L*

*Gross margin* improvement due to product mix and efficiencies, weighted toward the first half of 2022

Increase in *R&D investment* to further strengthen the pipeline

*Capital gains* from product disposals expected to reach approximately €600m, the majority in the second half of 2022

*Tax rate* of around 19%

Barring unforeseen events.

# Sanofi accounting of Antibody License and Collaboration Agreement with Regeneron[1]

Last updated July 2022

| | | *U.S.* | *Ex-U.S.* |
|---|---|---|---|
| Net sales | | Sanofi consolidates worldwide net sales | |
| Cost of sales | | Sanofi consolidates worldwide cost of sales | |
| R&D expense | | Development costs funded upfront by Sanofi until first positive Phase 3; subsequent costs funded 80% Sanofi / 20% Regeneron<br>*Regeneron 20% reimbursement recorded as a reduction of Sanofi R&D expense* | |
| SG&A expense | | Sanofi expenses 100% of its commercial expenses | |
| Other operating income and expenses | 1. Regeneron SG&A spend | Sanofi reimburses Regeneron for 100% of Regeneron's commercial expenditures | |
| | 2. Development balance compensation[2] | Additional portion of Regeneron's profit-share *(capped at 20% of Regeneron's share of quarterly profits on all Antibody products combined[3])* until Regeneron reaches 50% of the cumulative development costs incurred by the parties<br>*Cap increased from 10 to 20 % as per the Fifth Amendment to the Antibody License and Collaboration Agreement dated June 1, 2022. 20 % cap will be retroactive as of April 1, 2022 and accounted for as of Q3 2022.* | |
| | 3. Collaboration profitable | Outflow: Sanofi expenses 50% of profit; paid to Regeneron | Outflow: Sanofi expenses 35% to 45% of profit; paid to Regeneron |
| | 4. Collaboration in a loss | Inflow: Sanofi recognizes reimbursement of 50% loss from Regeneron | Inflow: Sanofi recognizes reimbursement of 45% loss from Regeneron |
| Amortization of intangibles (IFRS) | Sales milestones | | Regeneron entitled to receive up to $250m in milestones starting from $1bn ex-US sales[4] |

1. Following expiry of the Antibody Discovery Agreement in December 2017, Dupixent®, Kevzara® and itepekimab (SAR440340) continue to be developed and commercialized with Regeneron under the Antibody License and Collaboration Agreement (LCA) signed in November 2007, Amended and Restated November 2009, further amended May 2013 and July 2015, restructured in April 2020 and further amended in October 2021 and June 2022. 2. As of December 31, 2021, such commitments received were $3.2bn, relative to cumulative development costs of $8.5bn, of which $7.7bn were incurred by Sanofi; balance includes costs for Dupixent®, Kevzara® and itepekimab as well as Praluent® through March 31, 2020. 3. Including Dupixent®, Kevzara® and itepekimab. 4. Praluent® removed from LCA at April 2020 restructuring, but ex-US sales of Praluent® remain included in calculation of sales milestones.

# Sanofi Libtayo® accounting pursuant to Immuno-Oncology License and Collaboration Agreement with Regeneron[1]

## Applicable before Amended and Restated IO License and Collaboration Agreement effective July 1, 2022

| | | *U.S.* | *Ex-U.S.* |
|---|---|---|---|
| Net sales | | Consolidated by Regeneron | Consolidated by Sanofi |
| Cost of sales | | Consolidated by Regeneron | Consolidated by Sanofi |
| R&D expenses | | Sanofi reimburses 50% of development expenses incurred during quarter | |
| SG&A expenses | | Sanofi expenses 100% of its commercial expenses | |
| Other operating income and expenses | 1. SG&A reimbursement | Inflow: Regeneron reimburses 100% of Sanofi's US commercial expenses | Outflow: No Regeneron commercial expenses ex-US |
| | 2. Development balance compensation | Regeneron reimburses 50% of pre-POC development costs[2] quarterly[3] | |
| | 3. Collaboration profitable | Inflow: Sanofi recognizes 50% of collaboration's profits | Outflow: Sanofi expenses 50% of profits; to be paid to Regeneron |
| | 4. Collaboration in a loss | Outflow: Sanofi expenses 50% of losses; to be paid to Regeneron | Inflow: Sanofi recognizes reimbursement of 50% of collaboration's losses |
| Amortization of intangibles (IFRS) | Sales milestones | Regeneron to receive $375m milestone when sales of Libtayo® exceed $2bn over any consecutive 12-month period | |

1. On July 1, 2015, Sanofi and Regeneron entered into an Immuno-Oncology (IO) Discovery and Development Agreement (amended and restated as of December 31, 2018 and terminated as of March 16, 2021) and an IO License and Collaboration Agreement (IO LCA). On June 1, 2022, Sanofi and Regeneron signed an Amended and Restated IO LCA, effective July 1, 2022 2. As of December 31, 2021, amounts to $103m primarily for bi-specifics LAG3 and CTLA-4 development programs conducted in the frame of the IO Discovery Agreement terminated in Q1 2021.
3. Capped at 10% of Regeneron profit share per quarter

# Sanofi Libtayo® accounting pursuant to *Amended and Restated* Immuno-Oncology License and Collaboration Agreement with Regeneron effective July 1, 2022[1]

| | | *U.S.* | *Ex-U.S.* |
|---|---|---|---|
| Net sales | | Consolidated by Regeneron | |
| Other revenues | | Manufacturing Services Fees paid by Regeneron to Sanofi during transition period[2] | |
| Cost of sales | | Consolidated by Regeneron | |
| R&D expenses | | Regeneron supports 100% of development expenses | |
| SG&A expenses | | Expensed by Regeneron | Expensed by Sanofi<br>Transition Service Fees paid by Regeneron[3] |
| Other operating income and expenses (in BOI) | 1. TDA fees[4] | n/a | Agent fee (% sales) paid by Regeneron |
| | 2. Royalties (retroactive April 1, 2022) | 11% royalties on worldwide net sales paid by Regeneron | |
| | 3. Development balance compensation | Development Balance reduced to $35m and reimbursed by Regeneron based on 0.5% of worldwide net sales | |
| | 4. Sales Milestones | Sanofi to receive up to $100m sales milestones over 2022 and 2023 | |
| Other operating income (excluded from BOI) | 1. Upfront | Sanofi to receive $900m | |
| | 2. Development milestone | Sanofi to receive $100m upon FDA or EMA approval of combo Libtayo® / chemotherapy in NSCLC | |

1. On June 1, 2022, Sanofi and Regeneron signed an Amended and Restated IO LCA, effective July 1, 2022. 2. As per Manufacturing Services Agreement (until Dec. 31, 2024, extendable to Dec. 31, 2025).
3. As per Transition Services Agreement (US until Dec.31, 2022 & ex-US until June 30, 2024). 4. As per Transitional Distribution Agreement (ex-US until July 1, 2026).

# Main product *sales*

| | *Q2 2022 sales (€m)* | *Growth* |
|---|---|---|
| Dupixent | 1,963 | 43.4% |
| Lantus | 600 | -12.1% |
| Aubagio | 526 | -2.2% |
| Lovenox | 337 | -10.9% |
| Plavix | 247 | 0.0% |
| Toujeo | 267 | 2.4% |
| Myozyme | 252 | -3.6% |
| Fabrazyme | 238 | 9.3% |
| Cerezyme | 202 | 18.8% |
| Eloctate | 153 | -3.5% |
| Meningitis Vaccines | 153 | -24.7% |
| Allegra | 135[1] | 14.2% |
| Alprolix | 129 | 16.0% |
| Praluent | 128 | 147.9% |
| Aprovel | 120 | 13.1% |
| Influenza Vaccines | 115 | -5.9% |
| Thymoglobuline | 113 | 12.0% |
| Jevtana | 105 | -15.8% |
| Multaq | 91 | 2.5% |
| Apidra | 79 | -6.1% |
| Kevzara | 77 | 30.4% |
| Cerdelga | 72 | 11.5% |
| Aldurazyme | 64 | 7.0% |

All growth at CER unless footnoted. 1. Figure only reflects over the counter sales reported from CHC.

sanofi

# ESG appendices

# Sanofi ESG Q2 *achievements*

## Affordable access

### Global Health Unit #Patients treated

| Q1 2022 | Q2 2022 |
|---|---|
| **Malaria**<br>**1,024,170**<br>**8** countries | **Malaria**<br>**1,693,770**<br>**10** countries |
| **Tuberculosis**<br>**35,094**<br>**11** countries | **Tuberculosis**<br>**76,634**<br>**13** countries |
| **NCD**<br>**46,300**<br>**12** countries | **NCD**<br>**85,956**<br>**21** countries |

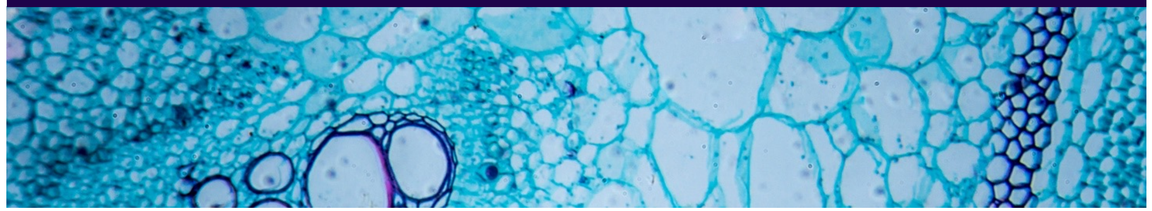
### Rare disease vials donation

| Q1 2022 | Q2 2022 |
|---|---|
| **998** patients treated | **1,015** patients treated |
| **22,682** vials donated | **51,370** vials donated |

### Global access plan

| Q1 2022 | Q2 2022 |
|---|---|
| Pilot phase in progress | Pilot completed<br>Blueprint completed |

## R&D for unmet needs



### Polio eradication

| Q1 2022 | Q2 2022 |
|---|---|
| **16 million IPV doses** supplied to UNICEF | **27 million IPV doses** supplied to UNICEF |

### Sleeping sickness elimination

| FY 2020 | FY 2021[2] |
|---|---|
| **1.6 million** patients tested for HAT | **2 million** patients tested for HAT |
| **663** patients treated | **805** patients treated |

### Pediatric cancer treatment development

| Q1 2022 | Q2 2022 |
|---|---|
| **1** of the 2 assets identified **in protocol preparation for clinical study** | **1** asset in **pre-clinical assessments**<br>**1** asset in **protocol preparation for clinical study** |

Data in YTD unless stated otherwise. 2. Data provided by WHO.

# Sanofi ESG Q2 *achievements*

## Planet care

### Blister-free syringe vaccines

| Q4 2021 | Q2 2022 |
|---|---|
| **29%** of blister free syringe vaccines produced | Data updated annually |

### Eco-design

| Q1 2022 | Q2 2022 |
|---|---|
| **4** LCAs completed & **1** in progress<br>**Eco-design digital solutions** project launched | **5** LCAs completed & **3** in progress<br>**Eco-design digital solutions** project in progress |

### Scope 1 & 2 GHG emissions reduction

| Q1 2022 | Q2 2022 |
|---|---|
| **-26%** vs 2019 | **-27%** vs 2019 |

### Renewable electricity & eco-car fleet

| Q1 2022 | Q2 2022 |
|---|---|
| **60%**[1] renewable electricity | **60%** renewable electricity |
| **28.7%** eco-fleet | **30.4%** eco-fleet |

## In and beyond the workplace

### Diverse Senior Leadership

| Q1 2022 | Q2 2022 |
|---|---|
| **35.1%** of our executives and **40.4%** of our senior leaders were women | **35.9%** of our executives and **41.1%** of our senior leaders were women |

### Engagement with communities

| FY 2021 | Q2 2022 |
|---|---|
| **4,975** volunteers | **1,998** volunteers |
| **26,906** hours | **12,687** hours |

### From Leaders to Citizens

| Q1 2022 | Q2 2022 |
|---|---|
| Rollout planned in 2022 | |

Data in YTD unless stated otherwise. 1. Baseline recalculated following spin off of EUROAPI

# Sanofi ESG ratings

## *Rating agencies*

| | S&P Global Ratings | SUSTAINALYTICS | Dow Jones Sustainability Indexes | MSCI | CDP | ISS-oekom | FTSE4Good | access to medicine index | WDi Workforce Disclosure Initiative | vigeo eiris |
|---|---|---|---|---|---|---|---|---|---|---|
| **SCORE** | **86/100** | **22 Medium risk** | **74/100** | **A** | **Climate Change: A Water: A** | **B** | **4.2/5** | **3.47/5** | **92%** | **62/100** |
| New rating | ▲ 22.9 | ▼ 86/100 | ▲ B | ▲ A- | = B | = 4.2/5 | ▲ 2.49/5 | ▲ 90% | ▲ 58/100 |
| One of the highest scores across all sectors globally<br>80 points for its solid fundamentals & strong preparedness opinion of 6 points | 14th among 455 pharmaceutical companies | 9th in ranking among 91 pharmaceutical companies | 4th among the 6 largest pharmaceutical companies | Leading position | 1st decile of the 476 companies in the industry | With very high rating across the 3 pillars ESG | Top 5 company | Sanofi's disclosure score well above sector disclosure score (74%) | 1st pharmaceutical company out of 57<br>Score in progress since 2018 |

▲ = Vs previous rating

Scores assigned by the rating agencies are not equivalent.

# Collaborations

| Ref | Name | Developed in collaboration with… |
|---|---|---|
| A | **Dupixent®**<br>**itepekimab**<br>**Libtayo®**<br>**Kevzara®** | Regeneron |
| B | **efanesoctocog alfa** | Sobi |
| C | **nirsevimab** | AstraZeneca |
| D | **SP0253** | GSK and with funding from Biomedical Advanced Research and Development Authority (BARDA) |
| E | **eclitasertib**<br>**SAR443820** | Denali |
| F | **SAR441344** | Immunext |
| G | **SAR442720** | Revolution Medicines |
| H | **SP0202** | SK |
| I | **SAR444656** | Kymera |
| J | **SAR441000** | BioNTech |
| K | **SAR444881** | Biond |
| L | **SAR443579** | Innate Pharma |

# Abbreviations

| | |
|---|---|
| **Ab** | Antibody |
| **ABR** | Annualized Bleed Rate |
| **AD** | Atopic Dermatitis |
| **ADC** | Antibody Drug Conjugate |
| **AI** | Aromatase Inhibitor |
| **ALL** | Acute Lymphoblastic Leukemia |
| **AML** | Acute Myeloid Leukemia |
| **ASMD** | Acid Sphingomyelinase Deficiency |
| **BTK** | Bruton's Tyrosine Kinase |
| **CAD** | Cold Agglutin Disease |
| **CD** | Cluster of Differentiation |
| **CEACAM5** | Carcinoembryonic Antigen Cell Adhesion Molecule 5 |
| **CI** | Confidence Interval |
| **CIDP** | Chronic Inflammatory Demyelinating Polyneuropathy |
| **CInDU** | Chronic Inducible Cold Urticaria |
| **COPD** | Chronic Obstructive Pulmonary Disease |
| **CSU** | Chronic Spontaneous Urticaria |
| **EHL** | Extended Half-Life |
| **EoE** | Eosinophilic Esophagitis |
| **ER** | Estrogen Receptor |

| | |
|---|---|
| **FGFR3** | Fibroblast Growth Factor Receptor 3 |
| **GAA** | Acid Alpha-Glucosidase |
| **GCS** | Glucosylceramide Synthase |
| **HER2** | Human Epidermal growth factor Receptor 2 |
| **ICOS** | Inducible COStimulatory molecule |
| **IL** | Interleukin |
| **ILT2** | Ig-like transcript 2 |
| **IRAK4** | Interleukin 1 Receptor Associated Kinase 4 |
| **ITP** | Immune Thrombocytopenia |
| **IQR** | Interquartile Range |
| **KRAS** | Kirsten Rat Sarcoma virus |
| **mAb** | monoclonal Antibody |
| **mBC** | metastatic Breast Cancer |
| **MG** | Myasthenia Gravis |
| **MM** | Multiple Myeloma |
| **mRNA** | messenger RNA |
| **MS** | Multiple Sclerosis |
| **N-H** | Non-Hodgkin |
| **NKp46** | Natural Killer 46-kDa protein |
| **NSCLC** | Non-Small Cell Lung Cancer |
| **PD-1** | Programmed cell Death protein 1 |
| **PD-L1** | Programmed Death-ligand 1 |

| | |
|---|---|
| **PN** | Prurigo Nodularis |
| **PPMS** | Primary Progressive Multiple Sclerosis |
| **rFVIIIFc-vWF-XTEN** | recombinant coagulation Factor VIII Fc – von Willebrand Factor – XTEN Fusion protein |
| **RIPK1** | Receptor-Interacting serine/threonine-Protein Kinase 1 |
| **RMS** | Relapsing Multiple Sclerosis |
| **RNAi** | RNA interference |
| **RRMM** | Relapsed Refractory Multiple Myeloma |
| **RSV** | Respiratory Syncytial Virus |
| **SERD** | Selective Estrogen Receptor Degrader |
| **SHL** | Standard Half-Life |
| **SHP2** | Src Homology-2 domain-containing protein tyrosine Phosphatase-2 |
| **SPMS** | Secondary-Progressive Multiple Sclerosis |
| **Te** | Transplant eligible |
| **Ti** | Transplant ineligible |
| **TNF** | Tumor Necrosis Factor |
| **TSLP** | Thymic Stromal Lymphopoietin |